

# Croydon Council

## For General Release

<b>REPORT TO:</b>	<b>Adult Social Services Review Committee</b> <b>31 October 2018</b>
<b>AGENDA ITEM:</b>	<b>6</b>
<b>SUBJECT:</b>	<b>Community Led Support</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele, Executive Director for Health, Wellbeing and Adults</b>
<b>CABINET MEMBER:</b>	<b>Cllr Jane Avis, Cabinet Member for Families, Health &amp; Social Care</b>
<b>WARDS:</b>	<b>All</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b> People live long, healthy, happy and independent lives	
<b>FINANCIAL IMPACT:</b> Finances for this work sit within the Adult Social Care & All Age Disabilities budget as set out in the Council's 2018/19 budget book.	

### 1. RECOMMENDATIONS

- 1.1. The Committee is asked to note the background work completed, progress made and decision to commission support from the National Development Team for inclusion (NDTi), to embed a community led support approach in Croydon
- 1.2. The committee is asked to receive updates on progress and impact of the project.

### 2. EXECUTIVE SUMMARY

- 2.1. Croydon's Health Wellbeing & Adult's department is progressing a plan of work to adopt and embed a strength based community led support approach and influence working with other Council departments and partners in health, community and voluntary sectors.
- 2.2. The approach aligns with Council priorities, the corporate plan, locality operating model, and the strategic intentions of the One Croydon Alliance.

- 2.3. A support provider, the National Development Team for inclusion (NDTi), has been identified and engaged to commence work in December 2018 for 18 months.
- 2.4. Governance of the work will be through the Adult Social Care & All Age Disability, 'Adapt transformation programme'.

### **3. BACKGROUND AND CONTEXT**

- 3.1. As part of the overall approach to transformation, the aim is to embed a strengths based, community led support approach to working with and alongside Croydon's residents.
- 3.2. Strengths, or asset based approaches, are embedded in the Care Act legislation; in the wellbeing principle, and has received endorsement by the Chief Social Worker for Adults, Social Care Institute for Excellence (SCIE) and other national bodies.
- 3.3. Such principles fit with the Council's key priorities including the **corporate plan objectives**:
  - People are healthy, happy and able to live independent lives
  - Inequalities in Croydon are reduced
  - Happy, healthy and independent lives are lived by as many as possible for as long as possible
  - Access to effective health services and care services when needed
- 3.4. There is also good alignment with the Council's **locality operating model**:
  - An organisation designed to meet varying levels of need
  - Working in localities with our communities
  - Residents, communities and businesses drive what we do
  - Taking a systems based approach
  - Preventing issues becoming a problem
  - Using evidence as key to delivery
- 3.5. Although the approach goes beyond one department, and indeed across partners including health and voluntary and community sectors, it is worth noting that there is also a good fit with the intentions of the **Health, Wellbeing and Adults department's**:
  - Shift from the council of last resort to first resort
  - A service that integrates with health where it makes sense to the end user (2020 Challenge)
  - A shift in resources into prevention and away from institutional care and around wider well being
  - A greater emphasis on 'Whole family' and solution focused approach with wider colleagues such as Gateway and Housing

- Embracing personalisation
- Focusing on individual outcomes with people living as independently as possible - 'a Life, not a Care Plan'.

#### 4. PROGRESS TO DATE

4.1. Work has been carried out to understand the approach(es)/ model(s) and to consider the support available to embed a changed way of working including:

- Literature review
- Discussions held with key people across departments in the Council and with the Croydon One Alliance
- Visits, telephone discussions and document review with areas who are already implementing strengths based and community led approaches in order to understand more detail and benefit from lessons learned
- Workshop held and feedback gathered from around 100 social work staff at the social work conference in July 2018; and the 25 to 65 disabilities staff away day in September 2018
- Presentations to key forums and to the Lead Members for adult social care, and the Health and wellbeing Board
- Discussions are under way with health colleagues in a number of key forums
- Presentations and Q+A session with the two key potential providers of support, to a cross council audience in September 2018.

#### 5. RATIONALE

5.1. Drivers for change include:

- Staff recruitment and retention – high use of agency staff
- Staff satisfaction levels
- Need for greater role clarity
- Waiting lists
- Overdue reviews
- Resident satisfaction
- Pressure on the “front door” and safeguarding
- Ongoing need for financial efficiency
- Changing the relationship between the Council and Croydon residents

5.2. *“A strengths-based approach to care, support and inclusion says let’s look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.”*

**Alex Fox, chief executive of the charity Shared Lives**

5.3. A Department of Health roundtable report “Strengths based social work practice with adults” published last year describes strengths based approaches as follows:

- Rights based and person centered
- Has a clear ethical and values based position
- Works in a place based way
- Recognises the limits of institutional work and takes an interdisciplinary holistic view, seeing people as resourceful and resilient in the face of adversity
- Acknowledges that people are a lot more than their care needs, are experts in their own lives and take the lead in their own care
- Acknowledges that notions of community are subjective – for some it’s family, for others it’s online or local neighbourhood
- Reframes the narratives and tells the good stories about what people have done, what they do every day and what they have achieved
- Draws upon a person’s resources, abilities, skills and connects with their social networks and communities – whether actual or digital
- Uses explicit methods to identify strengths and assets – both soft assets (personal interests, skills, relationships) and hard assets (finances, housing, health)
- Is goal oriented and outcomes focused
- Is collaborative and based on reflective conversation, encouraging the person to make sense of where they are and make meaningful choices
- Is respectful - not making assumptions, non-judgmental
- Is hope inducing

## **6. THE RIGHT MODEL FOR CROYDON**

6.1. There are a number of approaches to the model which could be adopted in Croydon. The methods have similar attributes and common themes. The approaches are complementary not mutually exclusive and common features include:

- Reframing the narrative from a focus on needs to a focus on people strengths and communities’ assets
- Building a dynamic picture of personal and community assets
- Connecting people to each other and to wider community assets
- Growing and mobilising community assets
- Monitoring the impact and learning from evidence

6.2. There is no one size fits all approach and the approach any area takes must be based on what we know about our place, our people, our opportunities and any barriers we need to overcome.

6.3. Whichever model is adopted, it must be a collaborative process between the person supported by services and those supporting them. It is concerned with

quality of the relationship between those providing and those being supported. It goes beyond social work and care and is relevant to all our key partners.

- 6.4. Such a change in approach requires cultural and organisational commitment that goes well beyond frontline practice. There needs to be a fundamental shift in approach from strategy, values and practice, right down to practical tools and resources.
- 6.5. Engagement and commitment is needed at all levels from very senior ownership and leadership, to professional practice champions and front line and other services, including IT, performance, legal, commissioning and procurement, Gateway and Housing, HR, Learning and development, public health, all health partners and our community and voluntary sectors and providers of all kinds.
- 6.6. Key factors for success include:
  - Clear and consistent leadership of the programme
  - Effective project management and administration
  - A thorough commitment to co-design with staff, managers and partners
  - Agile and rapid learning
  - Managed risk approach
  - Senior leadership buy in
  - Staff motivation and willingness
  - Leadership prepared to “sit on their hands” and not micro manage
  - Strong vibrant community networks
  - Proactive commissioning to mobilise community assets
  - Resources to buy in expertise, support and experience
- 6.7. The approach best suited to Croydon, based on the initial work and wide ranging discussions led by the Adapt Board, is “Community led Support” developed and supported by the National Development Team for Inclusion, (NDTi).
- 6.8. This approach fits well with work already well advanced through the One Croydon Alliance, locality pilots and changes to the social care “Front Door.”
- 6.9. NDTi will work alongside us to assess our readiness, help us identify where and how to start the project. They will mentor, coach and support us through the change, help us to change our approach and the supporting infrastructure. This will include our record keeping and case management arrangements, providing access to an online community across the country to share best practice, lessons learned and form support networks. It will provide access to national residential leadership and learning events and regional learning and sharing events. They will support us to capture and analyse data to evidence what is and is not working, and what impact the changes are having. They will commence their support to us in December 2018 and work with us for 18 months to roll out and embed the approach.

6.10. There are a number of opportunities, which make the timing of this approach appropriate including:

- Locality operating model
- One Croydon Alliance
- Adapt programme
- Active Lives and Direct Payments workstreams
- Local Voluntary Partnerships
- Huddles
- Locality working pilots x 3 Autumn 2018
- Revised front door Autumn 2018
- E-marketplace
- Asset mapping work commenced
- New case management system

## **7. GOVERNANCE**

7.1. This work will be subject to the governance arrangements in place for the Adapt transformation programme and will report into the Adapt Board.

7.2. It will be crucial for colleagues from legal services to be closely involved in the project, to ensure that changes to approach and to documentation and record keeping are legally sound and Care Act compliant.

## **8. EQUALITY IMPACT**

8.1. As an all age disability service, information, advice and guidance; and support are provided from children with disabilities, through to working age adults and older people. Although not a protected characteristic, carers are also a central consideration in understanding the impact of this evolving project. There are no specifically identified negative impacts of the focuses of a community led, strengths based approach.

8.2. As previously noted in this report, strengths, or asset based approaches, are embedded in the Care Act legislation; in the wellbeing principle, and has received endorsement by the Chief Social Worker for Adults, Social Care Institute for Excellence (SCIE) and other national bodies.

8.3. Nonetheless, the Council will work with the implementation provider, NDTi to maintain a log and review of any potential or emerging negative impacts, and the Adapt Board will have an overview of how mitigating actions are developed to reduce these impacts.

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**BACKGROUND DOCUMENTS:** None